

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **08/2023**

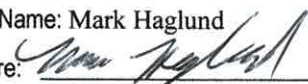
Entry Point: **A**

Required Minimum Residual: **Variable – see column headers**

Date	Time	Source(s) in use	Lowest free chlorine residual at WTP influent (minimum 0.1 mg/L)	In emergency, when influent not met – use filter trains & monitor at Entry Pt (minimum 0.3 mg/L)	Notes
1	23:50	SRC-AA	0.39		
2	14:40	SRC-AA	0.39		
3	08:50	SRC-AA	0.38		
4	20:35	SRC-AA	0.38		
5	01:10	SRC-AA	0.34		
6	05:25	SRC-AA	0.37		
7	04:00	SRC-AA	0.37		
8	15:35	SRC-AA	0.29		
9	05:20	SRC-AA	0.38		
10	22:35	SRC-AA	0.40		
11	21:50	SRC-AA	0.39		
12	18:20	SRC-AA	0.38		
13	20:25	SRC-AA	0.40		
14	22:20	SRC-AA	0.39		
15	10:05	SRC-AA	0.39		
16	12:05	SRC-AA	0.37		
17	13:10	SRC-AA	0.50		
18	05:50	SRC-AA	0.49		
19	18:50	SRC-AA	0.50		
20	19:10	SRC-AA	0.50		
21	00:50	SRC-AA	0.50		
22	21:50	SRC-AA	0.51		
23	10:20	SRC-AA	0.46		
24	22:30	SRC-AA	0.49		
25	21:50	SRC-AA	0.51		
26	10:20	SRC-AA	0.50		
27	18:20	SRC-AA	0.49		
28	20:35	SRC-AA	0.51		
29	19:30	SRC-AA	0.51		
30	19:20	SRC-AA	0.50		
31	08:00	SRC-AA	0.51		

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>	

Printed Name: <b>Mark Haglund</b> Signature:  Date: <b>09 / 05 / 2023</b>	Title: <b>Operations Supervisor - Jacobs</b> Phone #: <b>(541) 412-0424</b>	Operator Certification #: <b>6161 T2 FE</b> OR Small Groundwater System <input type="checkbox"/>
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**Return by 10<sup>th</sup> of following month by either email [DWP.DMCE@odhsoha.oregon.gov](mailto:DWP.DMCE@odhsoha.oregon.gov); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**